

Article - Health - General

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§19–142.

(a) In this Part IV of this subtitle the following words have the meanings indicated.

(b) “Carrier” means:

- (1) An insurer;
- (2) A nonprofit health service plan;
- (3) A health maintenance organization; or

(4) Any other person that provides health benefit plans subject to regulation by the State.

(c) “Electronic health record” means an electronic record of health–related information on an individual that:

(1) Includes patient demographic and clinical health information;
and

(2) Has the capacity to:

- (i) Provide clinical decision support;
- (ii) Support physician order entry;
- (iii) Capture and query information relevant to health care
quality; and

(iv) Exchange electronic health information with and integrate the information from other sources.

(d) (1) “Health benefit plan” means a hospital or medical policy, contract, or certificate issued by a carrier.

(2) “Health benefit plan” does not include:

- (i) Coverage for accident or disability income insurance;

- (ii) Coverage issued as a supplement to liability insurance;
- (iii) Liability insurance, including general liability insurance and automobile liability insurance;
- (iv) Workers' compensation or similar insurance;
- (v) Automobile or property medical payment insurance;
- (vi) Credit-only insurance;
- (vii) Coverage for on-site medical clinics;
- (viii) Dental or vision insurance;
- (ix) Long-term care insurance or benefits for nursing home care, home health care, community-based care, or any combination of these;
- (x) Coverage only for a specified disease or illness;
- (xi) Hospital indemnity or other fixed indemnity insurance; or
- (xii) The following benefits if offered as a separate insurance policy:

- 1. Medicare supplemental health insurance, as defined in § 1882(g)(1) of the Social Security Act;
- 2. Coverage supplemental to the coverage provided under Chapter 55 of Title 10, U.S.C.; or
- 3. Similar supplemental coverage provided to coverage under an employer-sponsored plan.

(e) (1) "Health care provider" means:

- (i) A person who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care in the ordinary course of business or practice of a profession or in an approved education or training program; or
- (ii) A facility where health care is provided to patients or recipients, including:

1. A facility, as defined in § 10–101(g) of this article;
2. A hospital, as defined in § 19–301 of this title;
3. A related institution, as defined in § 19–301 of this title;
4. An outpatient clinic;
5. A freestanding medical facility, as defined in § 19–3A–01 of this title;
6. An ambulatory surgical facility, as defined in § 19–3B–01 of this title; and
7. A nursing home, as defined in § 19–1401 of this title.

(2) “Health care provider” does not include a health maintenance organization as defined in § 19–701 of this title.

(f) “Health information exchange” means a statewide infrastructure that provides organizational and technical capabilities to enable the electronic exchange of health information between health care providers and other health services organizations authorized by the Commission.

(g) “Management service organization” means an organization that offers one or more hosted electronic health record solutions and other management services to multiple health care providers.

(h) (1) “State–regulated payor” means a carrier issuing or delivering health benefit plans in the State.

(2) “State–regulated payor” does not include a managed care organization as defined in Title 15, Subtitle 1 of this article.

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